PTO/SB/06 (07-06)

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/031,146			ling Date 17/2002	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
Н	FOR	I N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A			N/A	,
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p), (	E	N/A		N/A		N/A			N/A	
TO1 (37	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			1	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50 t	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).			_				
	MULTIPLE DEPEN	7 CFR 1.16(j))									
* If 1	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL			TOTAL			
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR				ER THAN ALL ENTITY
ΙΝ	03/04/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.16())	• 22	Minus	<del></del> 22	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0	]	x \$ =		OR	X \$220=	0
₩.	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1,16(i))		Minus	**	=	1	x \$ =		OR	x \$ =	
M	Independent (37 CFR 1.16(h))		Minus	***			x \$ =		OR	x s =	
ᇳᅵ	Application Size Fee (37 CFR 1.16(s))								1		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For IM THIS SPACE is less than 30, enter "20".  If the "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".  LAVINIA JOHNSONV  THE "Highest Number Previously Paid For IM THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment of Patients of Commerce. P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment of Commerce. P.O. Box 1450, Alexandrius, VA 2213-1450.